Editor's note

The triad of diarrhoea, pneumonia and stunting^{1,2} is the most deadly combination, especially early in a child's life, and if a child survives it in the short term, he or she remains prone to its effects later in adult life.³ Globally, it is estimated that in children under the age of five years, pneumonia and diarrhoea are responsible for 29% of child deaths, amounting to 2-million children, 90% of which occur in sub-Saharan Africa and South Asia.¹ Global estimates indicate that 165-million children under five years of age (26%) were stunted in 2011. Although current estimates reflect a significant, and most welcome 35% decrease from the estimated 253-million children in 1990, stunting remains at stubbornly high levels globally, and equally so in South Africa.⁴ On average, approximately one in three children who are younger than five years of age is stunted in Africa and Asia, which accounts for 90% of the world's stunted children.

The triad's common characteristic, apart from the loss of life, is that such loss of life is preventable. Although the significant reduction in the triad's global prevalence is a partially gratifying achievement for parents, health professionals, donors and policy-makers, it also begs the question as to how successful interventions can be accelerated to achieve a more equitable environment in child survival. Escalating interventions and ensuring greater coverage thereof is the obvious answer, but not so obvious when availability of funds is of the

essence. In this regard, it is encouraging to note the World Bank's plan "to triple our support for maternal and early childhood nutrition programmes in developing countries in 2013-2014 to \$600 million, up from \$230 million in 2011-2012. An estimated 90% of this new funding (\$540 million) is from the International Development Association, the Bank's fund for the poorest". ⁵ Certainly, investing that money to improve the care and quality of the first 1 000 days cannot be surpassed by any other noble cause.

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